



Town of Maynard  
Office of Municipal Services  
Municipal Building  
195 Main Street  
Maynard, MA 01754  
Tel: (978) 897-1302 Fax: (978) 897-8489  
www.townofmaynard-ma.gov

Approved by \_\_\_\_\_  
Date \_\_\_\_\_  
Permit # \_\_\_\_\_  
Fee \_\_\_\_\_  
Check # \_\_\_\_\_

## **APPLICATION FOR PERMIT TO INSTALL WINDOWS AND/OR DOORS**

### **Location of Building**

No. \_\_\_\_\_ Street \_\_\_\_\_ Map \_\_\_\_\_ Lot \_\_\_\_\_

Owner \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Use of Structure \_\_\_\_\_

**Contractor** \_\_\_\_\_ Phone Number \_\_\_\_\_

Company Name \_\_\_\_\_ HIC# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Address \_\_\_\_\_ CSL# \_\_\_\_\_ Exp. Date \_\_\_\_\_

*"Persons contracting with unregistered contractors do not have access to the guaranty fund (as set forth in MGL c.142A)."*

### **Description of Proposed New Replacement Windows and/or Doors**

Windows \_\_\_\_\_ No. \_\_\_\_\_ U-value \_\_\_\_\_ New? \_\_\_\_\_ Replacement? \_\_\_\_\_

Location \_\_\_\_\_

Doors \_\_\_\_\_ No. \_\_\_\_\_ U-value \_\_\_\_\_ New? \_\_\_\_\_ Replacement? \_\_\_\_\_

Location \_\_\_\_\_

Load Bearing Wall? \_\_\_\_\_ Header Size \_\_\_\_\_

Attach sketch for framing of new/replacement rough opening.

\*Note: New headers or enlarged rough opening must have a framing inspection.

Additional work \_\_\_\_\_

### **Debris Disposal**

Debris resulting from this work **shall** be disposed at \_\_\_\_\_  
which is a properly licensed solid waste disposal facility as required by MGL, C 111, S 150A

**Estimated Cost of Improvement** \$ \_\_\_\_\_

Additional Remarks \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Received by \_\_\_\_\_ Date \_\_\_\_\_

**Complete Application must be accompanied by a Workers' Compensation Insurance Affidavit**